TF	RAV	EL VO	UCH	ER O	R SUBV	OUCH	IER	form	. Use typ	Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If moded, continue in remarks.								
1. PAYMENT								_	2. TYPE OF PAYME						3. FOR D.O. USE ONLY			
Ele	ctronic	Fund Transfer (EFT) Payment by				nent by Ch	Check		DY		Member/ Employee			PCS	a. D.O.	VOUCHER NU	MBER	
Sp	lit Disb	oursement:	vl Charge Ca	0	Other			Dependent(s)		DLA								
4. NAME (Last, First, Middle Initial) (Print or type) 5. GRA									DE	6	6. SSN			b. SUB	VOUCHER NUN	//BER		
7. ADDRESS. a. NUMBER AND STREET b. CITY									c. STATE d. ZIP CODE				c. PAID	) RV				
														_	0. 17412	, , , ,		
8. DAYTIME TELEPHONE NUMBER & 9. TRAVEL ORDER NUMBER AREA CODE								10. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES					ITS/					
11. ORGANIZATION AND STATION																		
12. DEPE	NDEN	T(S) (X and	d comp	lete as a <sub>l</sub>	oplicable)				13. DEPENDENTS' ADDRESS ON RECEIPT OF									
ACCOMPANIED UNAC						CCOMPANIED			ERS (	Include	Zip Code)							
a. NAME (Last, First, Middle Initial)				b. RELATIONSHIP C. DATE OF OR MARI			F BIRTH RIAGE											
				-	_													
							14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?					SHIPPED?	-					
							YES	ne)	NO (Explain in Remarks)			d. COMPUTATIONS						
15. ITINERARY											140 (Explain	, ,,, ,,	emark3/	u. cow	IFOTATIONS			
a. DATE b. PLACE (Home, Office, Base, Activity, City and							nd		c. MEANS/		d. ASON			f.				
-					y and Counti		na		MODE OF TRAVEL		FOR STOP	LODGING COST		POC MILES				
	DEP																	
	ARR																	
	DEP																	
	DEP															1		
	ARR																	
	DEP																	
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	DEP																	
	ARR																	
	DEP															MMARY OF PA	YMENT	
	DEP														(1) Per	tual Expense Al	lowanco	
	ARR														(3) Mile		lowance	
16. POC TRAVEL (X one) OWN/OPERATE					OPERATE	PASSENGE			2		17. DURATION OF TDY TRAVEL			(4) Dependent Travel				
18. REIMBURSABLE EXPENSES											12 HOURS OR LESS			(5) DL	(5) DLA			
a. DATE			b. NATURE OF EXPENSE				c. AMOUN		d. ALLOV	VED		12 1100113 011		.533	(6) Rei	mbursable Expe	enses	
											MORE THAN 1 BUT 24 HOUR				(7) Total			
										<u> </u>	+-	501 24 110	CNO	ON LESS		Less Advance Amount Owed		
											1	MORE THA	N 24	HOURS		(10) Amount Due		
										19. 0	OVERNMENT	T/DEI	DUCTIBLE					
					-						a. DATE		b. NO. 0	F MEALS	a. DA	TE	b. NO. OF MEALS	
						-					-		_					
20.a. CLAIMANT SIGNATURE b. DATE								c. SUPER	c. SUPERVISOR SIGNATURE							d. DATE		
21.a. APF	ROVIN	NG OFFICE	R SIGN	ATURE														b. DATE
22. ACCC	UNTI	NG CLASSI	FICATI	ON														
22. ACCOUNTING CLASSIFICATION																		
23. COLL	23. COLLECTION DATA																	
24. COMPUTED BY			25. AUDITED BY		26. TRAVEL ORDER POSTED BY		27. RI	27. RECEIVED (Payee Signature and Date or Check No.)					)	28. AN	OUNT PAID			